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SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

CALIFORNIA.

Poliomyelitis—Notification of Cases—Investigation—Quarantine. (Reg. Bd. of H., Aug. 5, 1916.)

RULE 1. Notification.—Any person in attendance on a case of poliomyelitis (infantile paralysis), or a case suspected of being poliomyelitis, shall report the case immediately to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the State board of health, all cases so reported to him. In the absence of local rules permitting notification by telephone, the report to the local health authority shall be in writing.

Note 1.—During periods of unusual danger from poliomyelitis the State board of health may find it necessary to require immediate telegraphic notification of cases of poliomyelitis by the local health authorities. The board will notify local health authorities when such requirement is instituted.

Note 2.—Any physician in attendance on a case of poliomyelitis who fails promptly to report the case to the local health authority is guilty of a misdemeanor, punishable by a fine of not less than \$25 nor more than \$500, or by imprisonment for a term of not more than 90 days or by both such fine and imprisonment. (See Public Health Act, Statutes of 1907, p. 893, secs. 16 and 21.)

RULE 2. Instructions to household.—It shall be the duty of the physician in attendance on a person having poliomyelitis, or suspected of having poliomyelitis, to instruct the members of the household in precautionary measures for preventing the spread of poliomyelitis.

Note 1.—Experiments have shown that the microorganism which causes poliomyelitis is present in the secretions from the mouths and noses of persons acutely sick with poliomyelitis and in their bowel discharges. The virus has been demonstrated, also, in the secretions from the noses of healthy persons who have been in contact with the sick. On the basis of present knowledge it appears that the usual method of transmission of poliomyelitis is probably as follows: A person sick from poliomyelitis, or a healthy carrier, enters a community and comes in contact with a number of people. His infectious nasal and mouth secretions become transferred to their mouths or noses and the germs find conditions favorable to their multiplication. Most or all of these persons remain well or at least fail to develop characteristic symptoms of poliomyelitis. They in turn spread the infection to others, chiefly through the usual contacts of ordinary business and social life. In the meantime here and there, usually in widely separated locations, the infection is transmitted to a susceptible person, most commonly a child, who develops the characteristic paralysis, showing that there had been serious damage to the central nervous system. It seems that the infection in adults tends to persist for a time in their noses without extending to the central nervous system, while in young children the infection not infrequently invades the brain and spinal cord and causes serious destruction of nerve tissue, producing paralysis. The difficulty in controlling poliomyelitis lies in the large number of healthy carriers who are the sources of infection in nearly all cases.

Note 2.—The following instructions are required under rule 2:

1. If the patient is not removed at once to a hospital, he shall have a separate bed in a room screened against flies.

2. All persons, except those having the necessary care of the patient, shall be excluded from the sick room.

3. Animals shall be excluded from the sick room.

4. The room shall be kept well aired and clean. It should be freed from unnecessary carpets, draperies, and furniture before the patient is placed in it. Dust should be avoided by frequent moist cleansing of woodwork and floors.

5. The person caring for the patient shall avoid coming in contact with any other person within the household or elsewhere.

6. The person having the care of the patient shall wear a washable outer garment and shall thoroughly wash the hands with soap and water after handling the patient or any object which he may have contaminated. On leaving the room in which the patient is isolated, the attendant shall take off the washable outer garment and leave it in the room until disinfected.

7. All discharges from the nose and mouth shall be buried or disinfected. It is recommended that these discharges be received on pieces of gauze or other soft cloth and be dropped in a paper bag which is conveniently placed. The bag and its contents can easily be buried.

8. Objects which may have been contaminated by the patient shall be disinfected before being removed to any place where they might become possible sources of infection.

(a) Clothing and bedding, including the washable outer garment of the attendant, should be boiled in water or soaked for one hour in 10 per cent formalin solution before being sent to the laundry.

(b) Dishes and other utensils should be boiled in water or soaked for one hour in 10 per cent solution of formalin (1 part in 10).

(c) Remnants of food should be burned, or, if liquid, disinfected by boiling or adding an equal volume of a 10 per cent solution of formalin and allowing to stand for one hour.

9. The feces, urine, and other discharges from the patient shall be immediately disinfected. The following methods are recommended:

(a) *Disinfection by heat.*—Pour about a quart of hot water into the receptacle containing the excreta, and then a heaping cupful of fresh quicklime (calcium oxide). Cover the receptacle and allow it to stand for two hours. Sufficient heat will be generated to kill the poliomyelitis organism.

(b) *Chemical disinfection.*—Mix with an equal quantity of 10 per cent formalin solution, thoroughly breaking up the masses; cover, and allow to stand at least an hour.

RULE 3. Investigation of case.—Upon being notified of a case of poliomyelitis, or a case suspected of being poliomyelitis, the local health authority shall make an investigation which shall include an inquiry regarding the probable source of the infection. If this source of infection is outside his jurisdiction, he shall notify the State board of health, in order that it may inform the health authority (local or State) within whose jurisdiction the infection was probably contracted. The local health authority shall determine that the instructions specified in rule 2 are understood and observed, and in the event of their nonobservance, shall take proper legal steps for their enforcement.

Note 1.—The record of the health officials' investigation should include the name, address, sex, occupation, and age of patient; the dates of first symptoms, of onset of paralysis, and recovery; the severity of the paralysis, and its distribution; the relation of the case to previous cases or to persons who had been in contact with previous cases; the probable location of the patient when infected; places visited by the patient during a period of two months before the onset (giving dates); dates of instituting and releasing quarantine; condition of the premises with regard to crowding and insanitary conditions.

RULE 4. Quarantine.—If the local health authority, upon making the investigation prescribed in rule 3, is satisfied that the case is one of poliomyelitis, or is strongly suggestive of poliomyelitis, he shall establish a quarantine by affixing a placard in a conspicuous place at the principal entrance to the premises. Until removal of the placard is authorized by the local health authority, no person shall enter or leave the premises or remove any article therefrom without the permission of the local health authority.

Note 1.—The placard specified in rule 4 shall be in the following form, in which the name of the disease shall be in letters not less than 2½ inches in height:

POLIOMYELITIS (INFANTILE PARALYSIS).

These premises are declared to be in a state of quarantine. All persons are forbidden to enter or leave these premises or to remove any articles therefrom without the permission of the local health authority.

Date.....

.....
Local Health Authority.

Note 2.—Until such time as a positive diagnosis is made in cases strongly suggestive of poliomyelitis, the word "suspected" may precede the word "poliomyelitis" on the placard specified in rule 4.

Note 3.—The quarantined premises will ordinarily be a dwelling house with its surrounding yard. Under certain circumstances it is not necessary to quarantine an entire building, as the part in which poliomyelitis is present may have a separate front and rear entrance and may be so constructed that persons can not enter directly from another part of the building. If the local health authority, upon investigation,

finds that the conditions are such that the health of the community would be sufficiently safeguarded, he may limit the quarantine to that part of the building which is the separate abode of an entire household, as, for example, a flat or a suite of rooms in a hotel.

All cases in hotels, rooming houses, and lodging houses must be removed to a hospital, except when in the judgment of the health officer they can be properly isolated or quarantined in such hotel, rooming house, or lodging house. When a portion of a dwelling is quarantined the placard must be conspicuously placed at the principal entrance of the part quarantined.

RULE 5. Contacts.—Persons who have been in frequent contact with the patient and are members of the same household shall be subject to the quarantine until it is terminated, except that the local health authority may, in his discretion and with the approval of the State board of health, exclude the wage earner from the area of quarantine on condition that adequate precautions shall be observed.

Persons who have come in contact with an acute case of poliomyelitis and who are not members of the same household shall be kept under observation by the local authority for a period of 20 days and shall not be permitted to engage in any occupation or practice which would bring them in contact with large numbers of persons, especially children. The use of common towels or common drinking or eating utensils is forbidden.

If any of those who have come in contact with a poliomyelitis patient contemplate leaving the jurisdiction of the local health authority within 30 days after the last exposure, the local health authority shall notify the State board of health of their names and destinations, and shall at once furnish the same information to the local health authority at the point of destination.

When persons come into the area of jurisdiction of a local health authority from a region in which poliomyelitis is prevalent, the health officer shall regard them as contacts and shall keep them under observation for a period of 20 days after arrival, and shall subject them to the restrictions provided above for contacts.

Note 1.—At times of unusual epidemics, outside the State or within its boundaries, the State board of health will, if necessary, institute a system of inspection of travelers and will notify local health officers at the point of destination regarding poliomyelitis cases, suspected cases, contacts, or suspected contacts. This notification may be a telegraphic or written notice from an officer of the State board of health, or it may be a notice from a railway official cooperating with the State board of health. On receiving such a notice the health officer shall investigate and take whatever steps are necessary to protect the public. Persons from areas in which poliomyelitis is epidemic shall be kept under observation for 20 days and otherwise restricted as provided for contacts in rule 5. Acute cases and suspected cases of poliomyelitis in new arrivals should be rigidly quarantined to prevent the disease from gaining a foothold.

Note 2.—The following is the text of a notification card for use by railway conductors and station agents in reporting suspected poliomyelitis contacts to local health officials. The rules printed on the card were adopted by the California State Board of Health on August 5, 1916:

(Face of card.)

CALIFORNIA STATE BOARD OF HEALTH.

In order to prevent the introduction of infantile paralysis into the States of Oregon, Montana, Idaho, Washington, and California, passengers from infected points must fill out these cards.

Starting point of journey.....
City. State.

Date of departure.....

Destination.....
Street address. City. State.

If my address, after arrival, is different from the above, I will at once notify the local health officer of my new address.

Signature of passenger.....

Falsification of this certificate or violation of these rules constitutes a misdemeanor.

(Reverse of card.)

NOTICE TO CONDUCTOR.

1. Passengers from New York or New Jersey, or from any point designated by the State board of health as a district infected with poliomyelitis, must fill out this card and return to conductor.

2. This card must be given to the agent or station master at the place marked "destination of passenger."

NOTICE TO AGENT OR STATION MASTER.

This card must be delivered immediately to the health officer in charge of the district where station is located.

NOTICE TO HEALTH OFFICER.

The passenger named on this card must be kept under observation over a period of 20 days, after which this card must be mailed to the State board of health, marked "Free from infection." Consult the pamphlet on the Regulations of the California State Board of Health for the Prevention of Poliomyelitis.

STATEMENT OF CONDUCTOR.

The undersigned, who is conductor of train No., R. R., hereby certifies that the signature of the passenger on the reverse side corresponds with the name on the ticket presented.

Date.....

.....
Conductor.

RULE 6. Release from quarantine.—The period of quarantine shall be not less than 30 days from the beginning of the disease. When quarantine is terminated the patient and attendants shall bathe and wash their hair with soap and water and put on clean clothes, and the objects in the area of isolation shall be disinfected. The local health authority shall determine the minimum amount of disinfection required and shall see that it is carried out. (See directions for disinfection.)

The patients and contacts shall not attend school or public gatherings for a period of three weeks after release from quarantine.

Note 1.—Disinfection of the objects in the area of isolation is of less importance than the control of convalescent cases and contacts who may have become carriers.

RULE 7. Precautions by the public.—During an epidemic of poliomyelitis, children under 15 years of age shall not be allowed to congregate in public places, and shall be kept, as far as possible, on their own premises, away from contact with members of other families. The public should be instructed by the health authorities regarding the danger from the use of common drinking or eating utensils and from careless personal habits.

Note 1.—Children should be taught to wash their hands before each meal, after each visit to the toilet, and before going to bed, and to keep their fingers out of their mouths or nostrils. They should be instructed to hold a handkerchief over their mouths when coughing or sneezing. All persons, at the time of an epidemic, should avoid contacts capable of transferring the infections, such as kissing or playing with babies and small children.

DIRECTIONS FOR DISINFECTION.

Disinfection, while of much less importance than the control of persons who harbor the germs of poliomyelitis, nevertheless should be performed whenever a case is released from quarantine. This disinfection should be a thorough cleaning of the entire area of isolation. This cleaning should consist in the scrubbing with soap and water of all woodwork and furniture which can be reached by persons in the room. There is no necessity for washing ceilings or the upper parts of high walls. As far as possible, a sick room should not contain upholstered furniture, carpets, and hangings. If such objects are present in the room, they should either be fumigated or exposed to the effects of sunshine and drying for several days. When the conditions in the room indicate marked contamination with fresh, infectious material, as when a case has just died, or has been removed from a room in which the proper precautions were not observed, fumigation may be found necessary as a protection to those who will carry out the proper cleansing of the rooms.

If a room is fumigated for poliomyelitis, formaldehyde gas, in the presence of water vapor, should be used. After 12 hours the room should be opened and aired, and if the remaining formaldehyde gas is oppressive, a little ammonia should be sprayed in the air. The room should then be thoroughly cleaned.